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SPECIALIZING IN PATENTS, TRADEMARKS &amp; COPYRIGHTS

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ADMITTED ONLY IN JAPANFACSIMILE TRANSMISSIONDate: 3/2/2007

To: USPTO

Fax No.: 571-273-8300

Subject: Amendment

Pages: 21 (including this page)

From: Cynthia K. Nicholson

Comments:

Applicant: Price	Serial No.: 09/741,908
Filing Date: 12/22/2000	Att Dkt.: 69.001

Title: A SYSTEM PROVIDING EVENT PRICING FOR ON-LINE ...

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Petition for Extension (2 month);
- (4) Request for Continued Examination Transmittal (RCE); and
- (5) 16-page Amendment

## CERTIFICATE OF FACSIMILE TRANSMISSION

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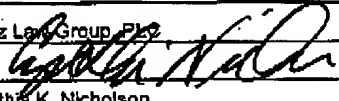
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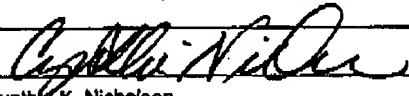
<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/741,908
	Filing Date	12/22/2006
	First Named Inventor	PRICE
	Art Unit	3639
	Examiner Name	Shannon S. SALLIARD
Total Number of Pages in This Submission	Attorney Docket Number	69,001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Request for Continued Examination (RCE) Transmittal
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, P.C.		
Signature			
Printed name	Cynthia K. Nicholson		
Date	2 March 2007	Reg. No.	36,880

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	2 March 2007

MAR 02 2007

FEE TRANSMITTAL		Application Number		09/741,908	
		Filing Date		12/22/2000	
		First Named Inventor		PRICE	
		Examiner Name		Shannon S. SALLIARD	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit		3639	
TOTAL AMOUNT OF PAYMENT		(\$)		1340	
		Attorney Docket No.		69,001	

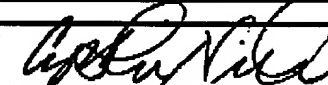
  

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							Fee (\$)
Multiple dependent claims							
							50
							25
							200
							100
							360
							180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
22	- 20 or HP = 2	x 50	= 100	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
	- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification,		\$130	fee (no small entity discount)				
Other: Request for Continued Examination (\$790); Petition for Two Month Extension (\$450)							
							1240

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,880
Name (Print/Type)	Cynthia K. Nicholson	Telephone	(703) 707-9110
		Date	2 March 2007